

HRSA's Ryan White HIV/AIDS Program

Part F: Special Projects of National Significance (SPNS) Program

Program Fact Sheet | June 2020



The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—approximately 519,000 people in 2018—received services through the RWHAP. The RWHAP funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The RWHAP, first authorized in 1990, was funded at \$2.3 billion in fiscal year (FY) 2019.

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care and treatment to respond quickly to emerging needs of clients served by the program. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of innovative treatment models. In addition, SPNS disseminates successful models for replication and integration by RWHAP-funded recipients in numerous peer review journals and national conferences.

RECIPIENTS

The SPNS Program currently funds 53 ongoing programs for 12 innovative model initiatives that inform the evidence base for interventions with populations who are significantly difficult to engage and help reach viral suppression. In FY 2019, the SPNS Program served more than 9,000 HIV-positive clients.

CURRENT INITIATIVES

Capacity Building in the RWHAP to Support Innovative Program Model Replication

(FY 2019–FY 2022): This initiative builds and enhances the capacity of RWHAP recipients and subrecipients to replicate evidence-informed models of care/interventions among RWHAP jurisdictions using previously developed program implementation tools, manuals, and other resources. In addition, this initiative increases system-level capacity for adopting these models of care/interventions that offer comprehensive, high-quality, culturally-competent HIV screening, care, and treatment for people with HIV who are not fully engaged in primary care. By building capacity and encouraging the implementation or replication of effective models of care, the RWHAP will improve systems of care, reduce health disparities, and improve outcomes along the HIV care continuum. The recipient leads and supports the dissemination and replication of evidence-informed innovative models of care/interventions in Atlanta, GA, Jackson, MS, Las Vegas, NV, and New Orleans, LA.

Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the RWHAP (FY 2019–FY 2022):

This initiative improves linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP. HRSA funded a Technical Assistance Provider (TAP) to identify and fund up to five jurisdictions (state, city, and/or local health departments) to provide programmatic technical assistance for each jurisdiction to create or improve data sharing across their STI and HIV surveillance systems, as well as an evaluation contractor to evaluate the overall effectiveness of the project. The TAP assesses jurisdictional barriers to data sharing across STI and HIV surveillance departments and develops tools to address these barriers. Improved data sharing will allow the matching of STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data, which will be used to improve the capacity of RWHAP clinics to prioritize resources for linking and



re-engaging people with HIV into care. Improving the frequency of this data sharing will inform RWHAP clinics' decision-making around allocation of resources and services to improve health outcomes of people with HIV.

Strengthening Systems of Care for People With HIV and Opioid Use Disorder (FY 2019–FY 2022): This initiative supports two entities, referred to as System Coordination Providers (SCPs), who assists states in leveraging resources at the federal, state, and local levels for people with HIV and opioid use disorder (OUD). The SCP recipients work across 14 state partners, which include Arizona, Connecticut, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Vermont, Virginia, Washington,

and West Virginia. This initiative will strengthen system-level coordination and networks of care between RWHAP recipients and other federal, state, and local entities funded to respond to the opioid epidemic to ensure people with HIV and OUD have access to behavioral health care, treatment, and recovery services. In addition, this initiative will build upon existing systems of care and treatment that will maximize cross-sector collaboration in order to achieve improvements in the system-level coordination and to leverage available resources for improving the health outcomes of people with HIV and OUD.

Improving STI Screening and Treatment Among People Living With or At Risk for HIV (FY 2018–FY 2021): This initiative supports the implementation and evaluation of clinical and system-level interventions to improve screening and treatment of sexually transmitted infections among low-income people with HIV or at risk for HIV. The recipient is partnering with clinical and systems-level institutions in Washington, DC, Florida, and Louisiana to implement, evaluate, and disseminate results and best practices of select interventions. This cooperative agreement is a collaborative effort between HRSA's HIV/AIDS Bureau and Bureau of Primary Health Care, with input from the Centers for Disease Control and Prevention's Division of STD Prevention.

Evidence-Informed Approaches to Improving Health Outcomes for People With HIV (FY 2018–FY 2020): This initiative systematically identifies, catalogs, disseminates, and supports the replication of evidence-informed approaches and interventions to engage people with HIV who are out of care or at risk of not continuing HIV medical care. This initiative will identify acuity scales tools to determine the likelihood of people with HIV engaging or re-engaging in health care; identify data utilization interventions to actively identify and intervene with people with HIV who are out of care; identify innovative service delivery models; evaluate the costs associated with each approach or intervention; catalog the approaches; develop an implementation manual; disseminate the approaches and interventions; and support replication through technical assistance to RWHAP and HIV health care service providers. The Evaluation and Technical Assistance Provider is evaluating and promoting the effectiveness of these approaches and the design, implementation, utilization, cost, and health outcomes of the interventions.

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex With Men (FY 2018–FY 2021): This initiative supports the implementation and evaluation of evidence-informed models of care designed to engage, link, and retain black men who have sex with men (BMSM) in HIV medical care and supportive services. This initiative funds eight demonstration sites for three years and one Evaluation and Technical Assistance Provider for four years to implement and evaluate four evidence-informed interventions and/or models of care. These models of care include STYLE, a youth-focused case management intervention, Linkage to Care, and Project Silk; the models integrate behavioral health services with HIV care to specifically address the needs of BMSM and to improve health outcomes. The demonstration projects will disseminate lessons learned and findings to promote the uptake and replication of these

models. The Evaluation and Technical Assistance Provider is coordinating the multi-site evaluation, providing programmatic technical assistance to the demonstration sites, and leading publication and dissemination efforts.

Improving HIV Health Outcomes Through the Coordination of Supportive Employment and Housing Services (FY 2017–FY 2020):

This initiative supports the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services to improve HIV health outcomes for low-income, uninsured, and underserved people with HIV in racial and ethnic minority communities. The goal of this coordinated services intervention is to decrease the impact of the social determinants of health (such as unmet housing or employment needs) that affect long-term HIV health outcomes for people with HIV affected by employment and housing instability in racial and ethnic minority communities. This SPNS Program initiative is supported through the Department of Health and Human Services (HHS) Minority HIV/AIDS Fund (MHAF).

Curing Hepatitis C Among People of Color With HIV (FY 2017–FY 2020): This three-year initiative supports the expansion of hepatitis C virus (HCV) prevention, testing, care, and treatment capacity; improves the coordination of linkage and retention in HCV care and treatment for people with both HIV and HCV; and improves the coordination with Substance Abuse and Mental Health Services Administration (SAMHSA) -funded substance use disorder (SUD) treatment providers to deliver behavioral health and SUD treatment support to achieve treatment completion and prevent HCV infection and re-infection. In addition, the initiative enhances state and local health department surveillance systems to increase their capacity to monitor acute and chronic infections of HIV and HCV in areas of high populations of low-income, uninsured, and underserved racial and ethnic minorities. This SPNS Program initiative is supported through HHS MHAF.

Using Evidence-Informed Interventions (E2i) to Improve Health Outcomes Among People Living With HIV (FY 2016–FY 2021): The E2i initiative identifies and provides support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for people with HIV. The Evidence-Informed Interventions Coordinating Center for Technical Assistance (E2i CCTA) and up to 24 RWHAP-funded recipients/subrecipients support the implementation of evidence-informed interventions. An Evidence-Informed Interventions Evaluation Center also will support this initiative.

Jurisdictional Approach to Curing Hepatitis C Among HIV/HCV Coinfected People of Color (FY 2016–FY 2020): This initiative developed and currently is evaluating the implementation of comprehensive jurisdiction-level approaches for screening, care, and treatment systems for people of color with both HIV and HCV. Participating demonstration sites include three RWHAP Part A jurisdictions—City of Hartford, City of New York, and the City of Philadelphia—and two RWHAP Part B jurisdictions—North Carolina and Louisiana, which are funded and supported by a State Health Departments Coordinating Center. An Evaluation and Technical Assistance Center (ETAC) provides technical assistance and capacity building and leads the evaluation activities across the demonstration sites. An additional collaborator on this initiative is the RWHAP Part F AIDS Education and Training Center National Coordinating Resource Center (AETC/NCRC), which developed and released (in July 2017) the *HIV/HCV Co-infection: An AETC National Curriculum*, an evidence-based online curriculum for health care providers and trainers of health care providers. The ETAC currently is conducting a multi-site evaluation to assess the implementation and impact of the jurisdiction projects and leading publication and dissemination efforts of best practices and lessons learned. This SPNS Program initiative is supported through HHS MHAF.



Dissemination of Evidence-Informed Interventions to Improve Health Outcomes Along the HIV Care Continuum

(FY 2015–FY 2020): This initiative disseminates four adapted linkage and retention interventions from prior SPNS and HHS MHAF initiatives to improve health outcomes. The prior initiatives are—

- ▶ Enhancing Linkages to HIV Primary Care and Services in Jail Settings
- ▶ Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care
- ▶ Targeted Outreach and Intervention Model Development for Underserved HIV-Positive Populations Not in Care
- ▶ The MHAF Retention and Re-engagement Project

This initiative will produce four evidence-informed Care and Treatment Interventions that are replicable, cost-effective, and capable of producing optimal HIV care continuum outcomes. The multi-site evaluation will take a rigorous implementation science approach that emphasizes evaluation of the implementation process and cost analyses of the interventions and seeks to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants.

Use of Social Media to Improve Engagement, Retention, and Health Outcomes Along the HIV Care Continuum

(FY 2015–FY 2020): This initiative is a multi-site demonstration and evaluation of innovative social media methods designed to identify, link, and retain HIV-positive underserved, uninsured, and hard-to-reach youth and young adults (aged 13–34) in HIV primary care and support services. Methods include system approaches utilizing a variety of social media, internet, and mobile-based technologies to improve engagement, retention in care, and viral suppression. Demonstration projects implement these models, evaluate their effectiveness, and disseminate findings, best practices, and lessons learned.

FUNDING CONSIDERATIONS

Approximately \$25 million was appropriated to Part F SPNS in FY 2020.